2009 AUG 10 AM 9: 18

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1				
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	•
V,O,T,E, ,O,U,T, ,I	, N , C , U , M , B , E , N , T , S ,	DE MOCRACY		
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ADDRESS (number and street)	P <sub>1</sub> O <sub>1</sub> B <sub>1</sub> O <sub>1</sub> X <sub>1</sub> 1 <sub>1</sub> 2	7,1	1111	
(Check if address is changed)			1111	
	SPRINGBRA	N <sub>1</sub> N <sub>1</sub> C <sub>1</sub> H <sub>1</sub> 1 1 1 1 1	TX	7,8,0,7,0,-[4,9,0,2]
		CITY	STATE	ZIP CODE
OMMITTEE'S E-MAIL ADDR	ESS (Please provide only one e	•		
(Check if address is changed)	TREASUREF	R@VOIDnow.	O R G	<u>, , , , , , , , , , , , , , , , , , , </u>
			<u> </u>	
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
(Check if address is changed)	[ h, t , t , p , : , / , / , V , (	O, I, D, n, o, w, .,O,R,G,		<u>, , , , , , , , , , , , , , , , , , , </u>
			· 	
2. DATE 0 8 ' 0	2 ' Y Y Y Y Y Y			
3. FEC IDENTIFICATION I	NUMBER C 0	0 4 2 3 4 6 7		
4. IS THIS STATEMENT	NEW (N) OR	A AMENDED (A)	===> CHANG	E OF TREASURER
I certify that I have examined	this Statement and to the bes	st of my knowledge and belie	f it is true, correct	t and complete.
Time or Drint Name of Transcrip	) <del></del>	R. REMER (as of 24-JU		
Type or Print Name of Treasur	Previous Treasurer: D	aniel S. Summars (resigned	d as of 24-JUL-2	009)
Signature of Treasurer	Janiel w	mmars	_ Date 0 <sub>.</sub> t	M
NOTE: Submission of false, erro		may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)